

crushing debt and disease, to support peace-keeping in Europe, Asia, and Africa, to support peace from Northern Ireland to the Middle East.

I announced today that early next week the peace talks will resume between the Israelis and the Palestinians in Washington with the Prime Minister and Chairman Arafat. I ask for your prayers and support for these brave people as they come here to try to end an old conflict. But if they are willing to make a sacrifice for peace, then the United States must lead the way in helping to make the investments necessary to ensure that the peace has a positive impact in ordinary people's lives.

The challenge of securing peace did not go away with the end of the cold war; it only became more complex. It still requires our leadership, not just from the White House and from Congress and our military leadership but also from our scholars, our scientists, our engineers, our business leaders, and from ordinary citizens.

The reason there was a man like Zach Fisher is that America is a place of shining opportunity. The reason that our military families needed his help is that we need so many people to serve, and they have needs that, even with all the generosity of Congress, we have not fully met while we continue to try to lead the world toward peace and to avoid war. His example, if nothing else, should convince every American that we should support our military, and even more important, we should support our mission, because when citizens do that, in ways large and small, America is stronger, and the world is a safer and more decent place.

Thank you, and God bless you.

NOTE: The President spoke at 9:10 p.m. in Technologies Hall at the Intrepid Sea-Air-Space Museum. In his remarks, he referred to former NFL quarterback and sports announcer Boomer Esiason, program emcee; Lt. Gen. Martin R. Steele, USMC (Ret.), president and chief executive officer, Intrepid Sea-Air-Space Museum; Gen. Henry H. Shelton, USA, Chairman of the Joint Chiefs of Staff, and his wife, Carolyn; Anthony Fisher, nephew, and Elizabeth Fisher, widow, of the late Zachary Fisher, founder, Intrepid Sea-Air-Space Museum; Richard Grasso, chairman and chief executive officer, New York Stock Exchange, who introduced the President;

Prime Minister Ehud Barak of Israel; and Chairman Yasser Arafat of the Palestinian Authority.

Remarks at the University of Missouri in Columbia, Missouri

July 6, 2000

Thank you very, very much. I want to begin by thanking President Pacheco and Chancellor Wallace. I'm delighted to be here. I want to thank the doctors and nurses who are here. And I want to say a special word of thanks to Doug Bouldin. I wish he could make that talk personally to every Member of the United States Congress. That was very moving, and I thank him.

I want to thank the other officials who have joined us here—Attorney General Jay Nixon; Secretary of State Rebecca McDowell Cook; State Auditor Claire McCaskill; Speaker of the House Steve Gaw; and Representative Harlan and the other members of the legislature that are here. And Mayor Hindman and members of the city and county council who are here, I thank you all for joining me.

And of course, a special word of thanks to Governor and Mrs. Carnahan for their friendship through the years and their leadership on this issue.

I must say I'm glad to be here. The last thing—when I got up this morning, very early in New York, to come here, the last thing my wife said to me was, she said, "You know, I went to Columbia once. It's a beautiful place. You'll have a good time." So I told Hillary, I said, "Well, you made the decision about how you're going to spend this year. I'm going to Columbia and have a good time." [Laughter] It was great.

I understand that, in addition to the history lesson we got about the University of Missouri, that this university also began the tradition of homecoming. I always feel at home when I'm here in Missouri, so I like that, and I wanted to mention it.

I'd like to say, too, how much I appreciate the opportunities that I've had to work with the leaders and the people of this State over the years—during the terrible floods along the Mississippi, and then when we were promoting welfare reform. I came here more often than to any other State during the 3½

year battle we had to pass meaningful welfare reform legislation because I thought that Governor Carnahan had done the best job of any Governor in any State in showing how to do the right kind of welfare reform.

We've worked together in education, in fighting crime, and, obviously, now, in ensuring quality health care. And I'd just like to say—because I don't know how many more times I'll be in Missouri when I'm President—[*laughter*]*—*that before I was President, for a dozen years I was a Governor of your neighboring State. It's a great job. It's like being president of a State without all the perks and without all the hassles. [*Laughter*] And I served with 4 Missouri Governors and over 150, believe it or not, other Governors across America. And Mel Carnahan is clearly one of the very best Governors I ever served with, and I thank him.

When I knew I was coming here—there are so many things that I want to talk about here at the university. I wanted to talk a little bit about increasing college access. We have now 10 million people taking advantage of either the HOPE scholarship or the lifetime learning tax credit. We reformed the student loan program. In 7½ years, students have saved \$8 billion on student loan repayments. We've increased the Pell grant a lot, and now I'm trying to convince the Congress to let college tuition be tax deductible up to \$10,000 a year. And I hope we can do that.

But the president talked about the importance of research, and we have tried to support basic research for our colleges and universities and through our national laboratories, and I could talk about that until tomorrow morning. But I'll just mention one thing to lead into why we're here.

I had the profound honor last week, along with Prime Minister Blair of Great Britain, to announce the completion of the first rough sequencing of the human genome. Now, this is a truly extraordinary thing that will change the lives of people who deliver health care.

Before you know it, young mothers will go home from the hospital with little genetic maps of their kids' lives. And it will be kind of scary in some ways. It will say, well, unfortunately, your child has a greater propensity to develop this or that problem. But it will

also say if you do the following five things, you can cut the risk by two-thirds.

We will see the combination, the continuing combination of the information technology revolution with the revolution in genetics so that most of my friends in the field believe that within a few years, we'll be able to develop digital chips to replicate the failures of nerve cells, even in the spinal column, so that people confined the wheelchairs will be able to walk again. We will see—people completely paralyzed will be able to regain the movement of their limbs. I believe that children born sometime within the next 10 years will probably have a life expectancy of somewhere around 90 years. And sometime in the first few decades of this century, we'll have children born who, if they can manage to avoid accidents or other unnatural causes of death, will have life expectancies of 100 years. Now, that's the good news.

But the reason we're here today is that we have to run our health care systems consistent with our values. And if we're going to have all these advances, they have to be implemented in a way that all Americans can be treated fairly, equally, and have access to the benefits of everything from emergency room care to basic care to specialized care. That's what this whole debate's about.

Let me say to you, I feel a special responsibility here because I think, in general, managed care can be a good thing. That is, when I became President, the price of health care was going up at 3 times the rate of inflation every year. We were spending 4 percent more, and still are, of our gross national product on health care than any other country in the world, and it was obvious that we had to manage the system better.

But it's equally obvious that you can't turn the fundamental life-and-death decisions about the quality of health care over to people who are managing for things that have nothing to do with whether the patient turns out healthy or not. And that's what this whole thing is about.

It's about how to strike the right balance toward saying, "Yes, health care is like any other big enterprise. Of course you should have prudent management. Of course we should avoid wasting any money. Of course we should do the very best we can to run

it. But let's not forget why all these people are doing this, why they've got their white coats on. It's to help people stay well and to help them get well if they get sick or to help them recover if they're injured."

The reason we need the Patients' Bill of Rights is because we are awash in examples, which Doug just gave us a couple of, of the forest overcoming the trees. We have lost the forest for the trees, over and over and over again. That's why we're here.

Now, as has already been said by the previous speakers, I wanted to come here because Missouri has passed a strong law, and you proved it wasn't a partisan issue in the Heartland. It's amazing how many issues that are partisan issues in Washington aren't partisan issues once you get 5 miles outside of DC. I don't know—[laughter]. But survey after survey after survey shows that more than 70 percent of all Americans, whether they identify themselves as Republicans or Democrats or independents, support a strong, enforceable Patients' Bill of Rights. And therefore, in Washington, we have an obligation to pass it and not to pass less than that just because the organized interest groups are trying to prevent it up there.

Here's the state of play and why I wanted to come here to highlight this. We are so close. The Norwood-Dingell bill, a bipartisan bill, passed the House with a lot of votes to spare. We had virtually every Democrat for it, and a fair number of Republicans voted for it. We had a good bipartisan group. Then the bill was taken up in the Senate, and we came within one vote of having enough to pass it. We had all the Democratic Senators. And Senator McCain, once again proving his independence, Senator Specter, Senator Fitzgerald, and Senator Chafee voted for it. So we're one vote away. And that's very important. And I came here because I don't think we ought to stop one vote short.

I don't know how many health care professionals I've heard tell stories like the one Doug Bouldin just told me. I don't know how many people I've heard—I saw a nurse once who was trying to explain to me what she had to go through calling HMO's to get approval for health procedures that the doctor for whom she worked wished to perform that were blatantly self-evident, and how many

times she'd been turned down, and how many times it was her unhappy duty to go tell the patient that once again he or she had been shafted. And I'll never forget that woman just weeping. She literally could not complete what she had worked so hard on to tell me. And I've seen it over and over and over again.

Now, I have done all I can do through executive action. I issued an Executive order to extend the Patients' Bill of Rights safeguards to the 85 million Americans who get their health care through Federal plans, through Medicare, Medicaid, the veterans' system, the Federal health insurance plan. We have provided similar patient protections to every child covered under the Children's Health Insurance Program. But I've done all I can. The Governor and the State Legislature in Missouri, they've done all they can. But I want to explain clearly again why we need Federal legislation and why only Congress can close the loophole.

In spite of your strong law, which is as good as any in the country, more than one million Missourians do not have patient protections today because they are in plans that are outside the jurisdiction of State law, under Federal law. Now, only Federal legislation can fix that. The House-passed bill, the Norwood-Dingell bill does it. And the protections are listed here on the chart.

First, it must protect every American in every health plan. The bill that the Senate did vote on—that the majority passed, but they know is dead on arrival—excludes over 135 million Americans. It covers fewer than one in 10 people in HMO's. I mean, why are we doing this, anyway?

So when you hear people say, "Well, I support a Patients' Bill of Rights," the operative word in that sentence is "a" as opposed to "the." The difference in the one-letter word and the three-letter word is 135 million of your fellow citizens. This State has established strong safeguards, but not everybody is fortunate enough to live in Missouri. There are a lot of States that haven't done this.

Now, we have recognized that on certain fundamental things, there should be national action—that's Social Security, Medicare, environmental standards, the civil rights laws. We have said in certain fundamental areas,

a patchwork is not enough; there ought to be a floor on which every American can stand and through which no American falls. That's what this bipartisan bill does.

The second thing, the Patients' Bill of Rights must ensure access to specialists. Under the Senate bill—the one that passed, not the one they beat by a vote—you might have the right to see a cancer specialist, but the nearest doctor your plan may offer could be 100 miles away, or you might have to wait 2 weeks to see the person that's listed. That's wrong. The bipartisan bill ensures real access in a timely fashion to specialists. And if you or your family has ever needed one, you know how important that is.

The third thing the bill does is to ensure access to the nearest emergency room care, and you just heard that story. Now, you've got to understand, this is not an exceptional story. This is not a story that happens to people in small towns, and, "Oh my goodness, our plan just didn't happen to cover"—you know, we've heard stories from people that live in big cities in this country where somebody gets hit by a car on a crowded city street where there's a traffic jam everywhere, and they go past three hospitals before they get to the one that's covered for the emergency room.

This is not—Doug did not make up this story. I know you know he didn't make it up, but he did not make it up as a representative story. This is not some bizarre accident. This happens all the time, all over America. And most people don't know it, and when they hear it, they can't believe it. But it is true.

Now, the Senate bill, as Doug said, allows plans to saddle patients with an extra charge if they don't first call their health plan for permission before they go to an emergency room. Now, I feel quite confident that whoever wrote that has never been hit in a crosswalk by a passing car. "I have three broken ribs. My nearest relative is 500 miles away. I also have a concussion, but could you please wait before you put me in that ambulance and let me call my health plan?" *[Laughter]*

We're laughing because we don't want to cry, but this can be a life or death decision. You know it, and I know it. No one in an emergency should have to think twice about

going to the nearest hospital. We just need to get over this.

Fourth, a real Patients' Bill of Rights must ensure access to clinical trials. This is also very important. Only the bipartisan bill provides coverage for all clinical trials, from cancer to heart disease to Alzheimer's to diabetes. This is going to get to be more and more important. You're going to have an explosion of chemical trials as a result of advances coming out of the human genome project, and people shouldn't be denied the right to get a new lease on life because they happen to be in an HMO. That's not right.

Fifth, and fundamentally, patients must be able to hold health plans fully accountable for harmful decisions. The Governor alluded to this, but—and I'm not sure even he knows this because it was just released today—but listen to this. A new analysis released today by a number of prominent legal scholars concludes that the Senate bill would be even worse than the current law, because it would effectively wipe out protections that States like Missouri have already passed and replace them with provisions that would make it more difficult to hold plans accountable for harmful decisions.

In other words, when they voted to pass that bill, they voted to weaken the law you have already passed. So they voted to cast away vital protections that the Governor and the State legislature fought so hard to give your families. That's not a step forward; it's a leap backward.

Now, the bipartisan bill, here's what it says. It doesn't say we want everybody to go file a lawsuit. That's not what it says. It says courts should be a last resort. There should be reasonable protection for companies and health plans that do the right thing, but if a health plan can be clearly proved to have caused harm, families simply must have the right to hold the insurance company accountable. A right without a remedy is not a right.

We need a real Patients' Bill of Rights with real accountability and real rights, not one that just provides cover for the special interests. We don't need more cover for them. We need more health care coverage for the American people.

I want to say one other thing for the skeptics who will hear about this, because I know

I'm largely preaching to the choir here. People say, "Oh, this is fine, but what does it cost? Does it cost something?" Yes, it costs something. Do you know what it cost the Federal health plans when I ordered all these protections I just told you? I issued an Executive order, and we put it into the Federal health plans. Do you know what it costs? Less than \$1 a month a policy.

The congressional majority's own research service, that are the people that basically are against this, their own people say that the costs would be less than \$2 a month a policy. Now, I'd pay \$1 or \$2 a month on my policy to know that you could go to the nearest emergency room if you got in an accident. And I think you'd feel the same way about your friends and your neighbors. I would pay.

So all of this business about how the cost is going to bankrupt the country and add to new health care costs, it is simply not so. And we have got to be clear about that.

Now, we are so close. We're one vote away. We have to overcome all the maneuvering power that the interest groups have through their influence with the leadership in the Senate, but we're one vote away. We can enact a strong, enforceable Patients' Bill of Rights this year. More than 300 health and consumer groups have endorsed it.

I've done everything I could to try to avoid making health care a partisan issue. We have passed bipartisan health care legislation to allow people to take their health insurance from one job to another, to have portability. We have enacted bipartisan legislation to provide for children's health insurance for low income people that aren't poor enough to be on Medicaid. We've approved a measure that allows people with disabilities to keep their Government-funded health care if they go into the work force. It's been a godsend. It hasn't cost you a penny as a taxpayer, and it's put a lot more people in the work force, making money and paying taxes themselves.

We have proved over and over again we could do this. And this whole thing is being hung up, with 70 percent of the American people on the other side, because one group of interests do not wish to be held accountable, like all the rest of us are, if they cause injury, because they don't want to give up

the right to tell you which specialist to see, whether you could see one, and which emergency room you can visit. It doesn't make any sense.

So I'm honored to be here. I thank you all for what you have done and for once again having the Show Me State show the way. But I want you to think about the million Missourians who aren't covered by your own law, and the 135 million of your fellow Americans who wouldn't be covered by that Senate bill that poses as a Patients' Bill of Rights. And I want you to think about the one vote standing between all America and the kind of health care system we need. All we need is one vote, and we can change America for the better.

Thank you, and God bless you.

NOTE: The President spoke at 11:45 a.m. in Jesse Auditorium. In his remarks, he referred to Manuel T. Pacheco, president, University of Missouri System; Richard Wallace, chancellor, University of Missouri at Columbia; Doug Bouldin, family nurse practitioner, who introduced the President; State Representative Timothy Harlan; Mayor Darwin Hindman of Columbia; Gov. Mel Carnahan of Missouri and his wife, Jean; and Prime Minister Tony Blair of the United Kingdom.

Statement on the Release of School Accountability Funds

July 6, 2000

I am pleased that the Education Department announced today the release of the first \$100 million from the Title I School Accountability Fund to help States and school districts turn around low performing schools. Over the last 7 years, we have followed a commonsense reform strategy—invest more in our schools and demand more in return. The funds announced today will support local communities in 31 States and the District of Columbia implement strategies that work to turn around their worst performing schools by: implementing a tougher curriculum; helping teachers get the skills and training they need; and if necessary, closing down a failing school and reopening it under new leadership or as a public charter school.

Today I call on Congress again to enact my budget proposal, which would double the